February 11, 2009

EXHIBIT NO Z

DATE 211/09

SB46

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Mr. Chairman and members of the committee, for the record my name is Jenny Kaleczyc and I am here today to urge you to vote no on SB46.

My husband and I are the parents of two children, ages 2 and 5. Both times I was pregnant I had a condition called hyperemesis gravidarum that required significant medical intervention. Hyperemesis is a miserable and sometimes dangerous condition that women still die from. I personally know of two women who have died from it in the last 5 years, and many others who have come close.

The first time hyperemesis hit me by surprise. With the help of my doctor and some extraordinary medical interventions, I was able to get through it and give birth to my daughter. When my husband and I decided we wanted a second child, we knew I was likely to have hyperemesis again, but were hopeful that with planning and a proactive treatment plan, the pregnancy would not be so difficult. Despite best efforts, the second pregnancy was worse.

By the time I was 7 or 8 weeks pregnant – still early in the first trimester – I was already in the hospital on high doses of drugs designed for chemotherapy patients. My nutrition was suffering so badly I agreed to have a feeding tube placed in my nose. When the radiologist tried but was unable to place the feeding tube, I was given a central line that went from my arm to above my heart so I could receive nutrition and medication through it.

Within a few days, the central line caused blood clots in my arm. Shortly after that, I was receiving multiple IV antibiotics because the central line was dripping an infection onto my heart and circulating it through my body – a condition called sepsis that can be fatal. One of the lowest moments of my life was lying in a hospital bed thinking that if I did not die as a result of blood clots or infection, I needed to terminate my pregnancy because my 2-year-old daughter needed her mom to live. I chose to continue the pregnancy, but it was one of the hardest decisions of my life.

Until the day my son was born I had either a feeding tube in my nose or a central line to my heart so I could receive nutrition. I had several other life threatening infections. Twice a cardiologist checked to see if infection had caused permanent damage to my heart. I spent over a month in the hospital and the entire pregnancy under the care of home health nurses. My house was littered with IV poles, syringes and drug pumps.

Most of the treatments I needed to survive and have a healthy baby were not approved for use in pregnancy. My doctor and I weighed the benefits and risks of each treatment to decide the best course. Some of those treatments included high doses of drugs intended for chemotherapy patients, use of radiation to place feeding tubes and central lines, and forms of IV nutrition that were not proven safe for pregnancy.

The last thing my doctor and I needed was the state or anyone else telling us what to do because the state had a compelling interest in the embryo or fetus I was carrying. The state has no business forcing women to risk their own health or lives, or telling doctors how to best manage complicated medical conditions.

I feel lucky that my babies and I survived my two pregnancies, but I'm not sure I would survive another. I have chosen the most effective form of contraception available, but as with anything there is always a small chance that I could get pregnant again. I'm not sure what decisions I would make if I got pregnant again, but it scares me to think what could happen if I didn't have any choices or trust in my medical care that my health and life would be equally considered.